

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket N .	SAN452
	First Named Inventor	David B. Hamilton
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	Herewith
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing--surcharge 37 CFR 1.16(e) required	Group Art Unit	
	Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND SYSTEM FOR STORING AND REPORTING NETWORK PERFORMANCE METRICS USING HISTOGRAMS

the specification of which

☒ is attached hereto

OR

☐ was filed on
(MM/DD/YYYY)

and was amended on
(MM/DD/YYYY)

as U.S. Application No. or
PCT International Application No.

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Appl. No.(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application nos. are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

Application Number(s) Filing Date (MM/DD/YYYY)

60/415,003

09/30/2002

DECLARATION – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any U.S. application(s) or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent No.	Parent Filing Date (MM/DD/YY)	Parent Patent No. (if applicable)

☐ Additional U.S. or PCT international application nos. listed on PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith:

☒ Customer Number 25235 Place bar code label here
OR

☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental sheet PTO/SB/02C attached hereto.

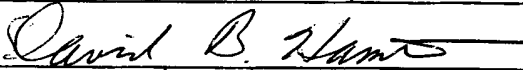
Direct all correspondence to: ☒ Customer Number **25235** OR ☐ Correspondence address below or Bar Code Label

Name					
Address					
Address					
City					
Country		Telephone			Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and such willful false statements may jeopardize the validity of the application or any patent issued thereon.

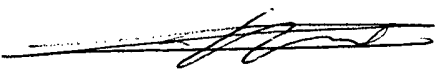
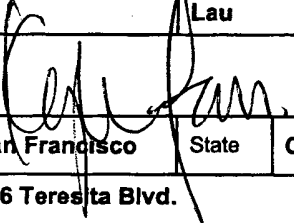
Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any])	Family Name or Surname
David B.	Hamilton

Inventor's Signature		Date	9/23/03
Residence City	Milpitas	State	CA
		Country	US
Post Office Address			
Post Office Address	252 Moretti Lane		
City	Milpitas	State	CA
		ZIP	95035
		Country	US

☒ Additional inventors are named on _1_ supplemental additional inventor(s) sheet(s) PTO/SB/02A attached

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Louis M.		Arquié					
Inventor's Signature						Date	9/22/03
Residence: City	Cupertino	State	CA	Country	US	Citizenship	France
Post Office Address							
Post Office Address	7914 Festival Court						
City	Cupertino	State	CA	ZIP	95014	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Kyle C.		Lau					
Inventor's Signature						Date	9/22/2003
Residence: City	San Francisco	State	CA	Country	US	Citizenship	US
Post Office Address	326 Teresa Blvd.						
Post Office Address							
City	San Francisco	State	CA	ZIP	94127	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	